



Ohio Board of Nursing

www.nursing.ohio.gov

17 S. High Street, Suite 660 • Columbus, Ohio 43215-3466 • 614-466-3947

I certify that the attached records are a true copy of Ohio Board of Nursing disciplinary records.

Betsy J. Houchen

Betsy Houchen, R.N., M.S., J.D.
Executive Director





Ohio Board of Nursing

www.nursing.ohio.gov

17 South High Street, Suite 400 • Columbus, Ohio 43215-7410 • (614) 466-3947

January 28, 2013

Anne Campbell
14732 Munnberry Acres
Newbury, OH 44065

Dear Ms. Campbell:

This letter is to inform you that the Ohio Board of Nursing voted by a majority to accept the Voluntary Retirement at the January 25, 2013 Board meeting. A copy of the executed Voluntary Retirement is enclosed for your records.

Please feel free to call Lisa Ferguson-Ramos, Compliance Manager, at (614) 995-3635 if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Betsy J. Houchen".

Betsy Houchen, RN, MS, JD
Executive Director

LFR/bck

Enclosure



Ohio Board of Nursing

www.nursing.ohio.gov

17 South High Street, Suite 400 • Columbus, Ohio 43215-7410 • (614) 466-3947

VOLUNTARY RETIREMENT FROM THE PRACTICE OF NURSING IN THE STATE OF OHIO

I, **ANNE L. CAMPBELL, R.N., C.N.M.**, am aware of my rights to representation by counsel, the right of being formally charged and having a formal adjudicative hearing, and do hereby freely execute this document and choose to take the actions described herein.

I, **ANNE L. CAMPBELL, R.N., C.N.M.**, wish to retire from the practice of nursing in the State of Ohio and do hereby voluntarily, knowingly, and intelligently surrender my license to practice nursing as a registered nurse, RN-208369, and my certificate of authority to practice as a certified nurse midwife, COA-00312 to the Ohio Board of Nursing, thereby relinquishing all rights to practice nursing in Ohio.

I understand that as a result of the surrender herein that I am no longer permitted to practice nursing in any form or manner in the State of Ohio.

I agree that I shall be ineligible for, and shall not apply for re-registration, reinstatement, or restoration of my license to practice nursing as a registered nurse, RN-208369, my certificate of authority to practice nursing as a certified nurse midwife, COA-00312, or issuance of any other license and/or certificate pursuant to Chapter 4723, Ohio Revised Code, on or after the date of signing this Voluntary Retirement from the Practice of Nursing in the State of Ohio. Any such attempted reapplication shall be considered null and void and shall not be processed by the Board.

I, **ANNE L. CAMPBELL, R.N., C.N.M.**, hereby release the Ohio Board of Nursing, its members, employees, agents and officers, jointly and severally, from any and all liability arising from the within matter.

This document shall be considered a public record as that term is used in Section 149.43, Ohio Revised Code.

Further, this information may be reported to appropriate organizations, data banks, and governmental bodies.

I stipulate and agree that I am taking this action in lieu of formal disciplinary proceedings involving violations of Sections 4723.28(B)(20) and 4723.28(B)(27) of the Ohio Revised Code. I further stipulate that I have requested to voluntarily retire my nursing license and certificate of authority.

It is expressly understood that this Voluntary Retirement is subject to ratification by the Board prior to signature by the Board President and shall become effective upon the last date of signature below.

Signed this 17 day of December, 2012.

Anne Campbell

ANNE L. CAMPBELL

WITNESS

WITNESS

Sworn to and subscribed before me this 17th day of December, 2012.



MICHAEL FABERT, NOTARY
STATE OF OHIO
(SEAL)
MY COMMISSION EXPIRES: 11/17/15

[Signature]

NOTARY PUBLIC

(This form must be either witnessed OR notarized)

Accepted by the Ohio Board of Nursing:

Betsy J. Houchen

BETSY HOUCHEN, RN, JD
Executive Director

Judith A. Church

JUDITH A. CHURCH, R.N., C.N.P.
President

January 25, 2013
DATE

January 25, 2013
DATE